

Instructions and Privacy Notice are on the reverse side of this form. Please type or use ball point pen. Print clearly. To cancel DIRECT DEPOSIT use form MS 786 (Home Address Change Request)

| ENROLLMENT ACTI | ON | ✓ One Com | plete all sections: | | | | |
|---|--|--|--|----------------------------------|---|--|--|
| Type of Action | | New | | Change | | | |
| PAYEE INFORMATION | ON | See Reverse for im | portant address inf | ormation | | | |
| Social Security Number | | | | Phone Number | | | |
| Name First | | Initial | | Last | | | |
| Home Mailing Address | | Number | | Street | Apt.# | | |
| City | | State | | | Zip | | |
| ACCOUNT INFORMA | ATION | See reverse for | information on rou | ting and accou | ınt numbers. | | |
| Type of Account | Cì | necking Account | | Savings A | ccount | | |
| Routing Number | | | | Account Number | | | |
| Financial Institution | | | | | | | |
| Financial Institution Add | dress | P.O. Box | City | State | Zip | | |
| AUTHORIZATION | | Read, sign, date | e, and return to STI | RS. | | | |
| DEPOSIT to the above of If at any time the amount I hereby authorize CalST (a) Withhold a su (b) Recover such | t of benefits TRS to either to overpaymins in full f | account. I deposited exceeds I the overpayment f I the above I force and effect un | s the amount of be from future benefit designated accord | enefits actual ts; or unt. | benefits due me by DIRECT ly due and payable to me, notification from me of its | | |
| SIGNATURE | | | | DATE | | | |

INSTRUCTIONS DIRECT DEPOSIT AUTHORIZATION

ACCOUNT INFORMATION - Checking Account -

Routing Number- Your financial institution's routing number is printed on the bottom left hand portion of your personal checks (the first 9 digits). See examples 1 and 2.

Account Number - Your account number is printed on the bottom of your checks following the routing number. It may be the series of numbers followed by your check number (example 2), or it may be the series of digits which follow your check number (example 1). NOTE: The check number is not part of the account number.

| Example 1 | Your Name Address | | Check No. 4444 | Example 2 | Your Name Address | | | Check No. | 4444 |
|-----------|----------------------|------------|-------------------|-----------|----------------------|----------------|-------------------|-----------|------|
| | Pay to the Order of | | | | Pay to the Order | of | | | |
| | | | | | | | | | |
| | zxzzx112145678 | xzx 4444 x | zzx 8765432109812 | | | zxzzx112145678 | xzx 8765432109812 | xzx 4444 | |
| · | Routing No. | Ck. No. | Payee Acct. No. | | | Routing No. | Payee Acct. No. | Ck. No. | |

The number of figures in an account number varies from institution to institution. If you are unsure of which numbers are which on your checks, please contact your financial institution for assistance. Attach a voided personal check to the front, lower left portion of this authorization. This will aid in verifying your account and routing numbers.

ACCOUNT INFORMATION - Savings Account -

Obtain your routing and account numbers from your financial institution.

GENERAL INFORMATION

Send the completed DIRECT DEPOSIT Authorization (MS1130) to: California State Teachers' Retirement System (CalSTRS), P.O. Box 15275, Sacramento, CA 95851-0275.

Your first payment will be deposited into your account within 30 to 60 days after the authorization is received by CalSTRS. A DIRECT DEPOSIT Advice will be mailed to your home address each month. Please inform CalSTRS of any change in your home mailing address.

Your DIRECT DEPOSIT will continue to be deposited into your designated account until CalSTRS is notified in writing that you wish to change your account and/or financial institution. **DO NOT CLOSE YOUR OLD ACCOUNT UNTIL YOUR FIRST PAYMENT IS DEPOSITED INTO YOUR NEW ACCOUNT.**

IF YOUR HOME ADDRESS IS NEW: If your home address is outside California and you do not submit a new form AD 0908 (Tax Withholding Preference Certificate), CalSTRS will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit an AD 0908, CalSTRS will withhold state tax from your benefit at the rate for married persons with three exemptions.

PRIVACY NOTICE

State Teachers' Retirement System (CalSTRS) is authorized by Section 24604 of the California Education Code to collect and use the information requested on this form for the purposes of identification and enrollment processing for payment of benefits by DIRECT DEPOSIT. The information collected on this form will be disclosed to the State Controllers' Office, an originating financial institution, and the Federal Reserve Bank for the purpose mentioned. It is mandatory to furnish all information on this form except for financial institution name, address, and branch number or name. Failure to provide the mandatory information may result in non-enrollment of your DIRECT DEPOSIT, or could cause the enrollment to be processed incorrectly. You have the right to review the file maintained on you by this agency upon proper identification. You may contact the Information Practices Coordinator through the CalSTRS Public Service Unit at (916) 229-3870 or Toll Free 1-800-228-5453, or by writing to: CalSTRS, P.O. Box 15275, Sacramento, CA 95851-0275.